DIRECTOR'S PRACTICE AUDIT REPORT

CHILD PROTECTION INTAKE & ASSESSMENT TEAM

BURNABY NORTH (HEG)

Field Work Completed: April 29th 2002 – May 9th 2002

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TABLE OF CONTENTS

1. PURPOSE 3
2. METHODOLOGY 3
3. COMMUNITY OVERVIEW 4
4. STAFFING 6
5. TRAINING 9
6. SUPERVISION/CONSULTATION 9
7. INTAKE AND TRACKING SYSTEMS 10
8. PROTOCOLS 12
9. ABORIGINAL SERVICES 12
10. AUDIT SAMPLE 12
11. COMPLIANCE - CHILD PROTECTION PRACTICE 12
12. COMPLIANCE - NON PROTECTIVE FAMILY SERVICE PRACTICE 16
13. RECOMMENDATIONS 18

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

APPENDIX II: OFFICE TO PROVINCE COMPLIANCE COMPARISONS

APPENDIX III: PROTOCOL AGREEMENTS

APPENDIX IV: DESCRIPTION OF AUDIT STANDARDS

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1. PURPOSE

The purpose of the audit is to improve and support child protection, child service/guardianship, youth, and non-protective family service practice. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening.

The specific purposes of the audit are:

- to confirm good practice and further the development of practice;
- to assess and evaluate practice in relation to existing legislation, standards and policy;
- to determine the current level of practice across a sample of cases;
- to identify cases where additional assessment and/or intervention is required;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

The audit is being conducted proactively by the Director's office. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services and resources for children in care are systemically conducted according to a four year cycle.

2. METHODOLOGY

The audit of the Child Protection Intake and Assessment Team (HEG) Burnaby North was asked to include between 20 -25 % of the Protection and Voluntary Service intake received from October1991 to March 1992. During this period there were approximately 264 child protection and voluntary requests for service received by the Child Protection Intake and Assessment Team Burnaby North (HEG). Files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, and case management policy. Information was obtained from file records and from interviews with staff. Demographic and statistical information was also obtained from the Ministry of Children and Family Development (MCFD) Ministry Analysis and Research System (MARS).

Two auditors conducted fieldwork from April 29th 2002 to May 9th 2002. The computerized Case Practice Audit Tool (CPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The auditors met initially with the team to review the audit purpose and process. During the audit, the Team Leader and two Social Workers were interviewed with respect to office systems, service delivery structure, and community resources. At the conclusion of the audit, the auditors met with the team to provide an overview of the results, including identified themes and patterns, and with the Team Leader and the Regional Child Protection Manager for a more detailed review of the findings. The Team Leader and the Regional Child Protection Manager were provided with the compliance report of each file that had been audited.

3. COMMUNITY OVERVIEW

a) Geographics

The North Burnaby Child Protection Intake and Assessment Team is part of the Simon Fraser Region, which is now part of the Fraser Macro Region. The Fraser Macro Region covers the area east of Vancouver and Richmond to Boston Bar, which includes the Fraser Valley. The Simon Fraser Region covers the municipalities of Burnaby, Coquitlam, Port Coquitlam, Port Moody, New Westminster, Anmore, Belcarra, Maple Ridge and Pitt Meadows. These communities are directly east and south east of the city of Vancouver. The municipality of Burnaby is 88.45 square kilometers in size. The northern border of Burnaby is the east arm of the Burrard Inlet. The southern border of Burnaby is the north arm of the Fraser River. HEG is located in South East Burnaby.

b) Demographics

The area served by HEG is the urban community of Burnaby. The population for Burnaby is approximately 190,000. Burnaby has the third highest population of visible minorities in the province at 39%. The various ethnic groups include Vietnamese, Eastern Europeans, Asian, Indo-Canadians, Chinese, Iranians, Afghanis, Filipinos, and Aboriginal/Metis. Staff reported that the social profile of the MCFD clientele presented the following issues: settlement/adjustment issues, cultural issues, inter-generational issues, mental health, domestic violence, parent/teen conflict, physical and sexual abuse, poverty, drug and alcohol issues, neglect, physical discipline issues, lack of supervision (families working long hours to get ahead), suicide.

Staff advised there are no aboriginal bands in the Burnaby area, but there are aboriginal people living off reserve and a Metis population in Burnaby, which will be elaborated on under the Aboriginal Section of the report.

c) Service Delivery

The Simon Fraser Regional office is located in Burnaby. The management structure includes the Regional Executive Director; two Child Protection Managers, one for the east and one for the west, who manage the delivery of child protection intake services; two Community Service Managers, who are responsible for ongoing work in child and family services; a Community Living Services Manager, who is responsible for persons with mental handicaps; a Contract and Resource Manager; a Regional Services Manager; a Manager for After Hours and a Guardianship Leader who is responsible for Permanency Planning and Adoption.

The Team Leader for HEG reports to the Regional Child Protection Manager for the West. MCFD service for Family Services (FS) and Children's Services (CS) cases is delivered in the Burnaby area through the North Burnaby Child Protection Intake and Investigation Team (HEG), the South Burnaby Child Protection Intake and Investigation Team (HEF), 3 Family Service Teams: North Burnaby Community Services Center (HGB), South East Burnaby Community Services Center (HGD) and South West Burnaby Community Services Center (HGC). There are also two teams that provide permanency planning, the Integrated Youth Services Team (HGF) which provides services to youth with multiple needs, and the Burnaby Permanency Planning Team (HGG).

There are also 3 Resources Teams in the in the Simon Fraser Region; the Simon Fraser West Resource Team (HCC), the Simon Fraser East Resource Team (HCB) and the Simon Fraser Recruitment and Utilization Team (HCD). The Resource Team for Burnaby is the Simon Fraser West Resource Team. All three resource teams HCC, HCB and HCD are co-located in the same building in Coquitlam.

The Burnaby North Child Protection Intake and Assessment Team (HEG) and the Burnaby South Child Protection Intake and Assessment Team (HEF) are co-located on the second floor of the building. The first floor of the same building houses HDG and Drug and Alcohol Services, which is under the Ministry of Health. In the past, intakes were assigned to HEG and HEF, based on geography. This was changed in early 2001and since then both offices respond to intakes for clients residing in Burnaby. As the intake calls are received by the Administrative Support Staff, they are alternately referred to HEG and HEF. In regards to After Hours Memorandums that are received, they are given to HEG and HEF based on the last name of the client. HEF receives After Hours Memorandums for clients whose last names are from A-L, and HEG receives After Hours Memorandums for clients whose last names are from M-Z.

HEG is responsible for receiving and investigating child protection reports and requests for support services in Burnaby that are assigned to them on an alternate bases and/or received from After Hours. Cases opened to provide ongoing Family Service and/or Child Service are transferred to the Family Service Teams in Burnaby, depending on location of where the client resides. Family Service cases are transferred after completing Risk Decision 5, and Child Service files are transferred after completing the first appearance in court. Family Service Teams are responsible for investigating all intakes on their own open files. Non-Protective Family Service cases are transferred to the Integrated Service Co-ordinators located on two of the Family Service Teams (HGB and HGC).

d) Resources

i) Residential Resources

Childcare resources utilized by HEG social workers include regular and restricted family care homes; leveled family care homes, group homes and receiving homes. There are three Resource teams that serve the region: Child Residential Resources –Simon Fraser East and West are responsible for placement of children in care. Placements are usually accessed through the intake resource worker, and the Resource Team. To arrange for a placement, social workers from HEG will call the Resources intake worker and then FAX a referral form.

ii) Non-Residential Resources

The social workers at HEG have a variety of resources that they utilize in their work with children and families in the Burnaby area. The following is a list of the most frequently used agencies and the services they provide:

1. Burnaby Family Life Association & Institute: This agency provides parenting courses, support groups counseling and anger management courses. A number of programs are also available through this agency, for example; Baby and Me; Nobody's Perfect; Discipline vs Punishment; and Partners in Parenting

2. Cameray Counseling: This agency provides support, counseling, and advocacy services for children (ages 0-19 years) who have been physically or sexually abused. This agency also provides individual counseling and crisis counseling.
3. Mosaic: This agency provides interpreters for the social workers in their work with several diverse cultural groups in the Burnaby area. Mosaic also provides support and English as a Second Language classes for new immigrants.
4. Child and Youth Mental Health Services: All statutory services plus a Quick Response Outreach service where children and families can be referred for five sessions.
5. The Lower Mainland Purpose Society: This agency provides quick response services for youth with challenging behaviors and their families. The agency assists families to develop ways of responding to these youth and they provide individual and group support programs.
6. SUCCESS (United Chinese Community Enrichment Services Society): This agency provides counseling and a parent/teen program for Asian families.
7. Family Services of Greater Vancouver: Project Parent- intensive parenting education for parents of children under 12 yr. of age; individual, family and anger management counseling and parent –teen mediation.
8. The Odyssey Program: Drug and alcohol counseling services for youth.

In addition to these services the Burnaby North Child Protection Intake and Assessment Team has access to services through, BC Alcohol and Drug Services, Children's Hospital, Public Health, school counselors, Sunny Hill Hospital, and several community centers with drop in services for parents, children and youth.

e) Legal Services

Staff advised that they have access to one contracted lawyer who provides services to the Director of Child Protection. The staff commented that this lawyer takes direction well, provides good advice, and represents the Director well in court. The regular family court day for MCFD is Tuesday afternoon. HEG staff advised that contract counsel meets with staff prior to court and is also available by telephone for consultation and discussion regarding upcoming court cases. The lawyer is not available for education/skills training for social workers in the Region. The Region has discussed this with the Legal Services Branch of the Ministry of Attorney General.

Staff advised that the court hearings have been held in the Court House in Burnaby, but beginning June 2002, the court hearings will take place in the Court House in downtown Vancouver.

4. STAFFING

a) Professional Staff Complement/Staff Turnover

The HEG team consists of a Team Leader and 6 child protection social workers. One of the child protection social workers is designated as a screener and five social workers conduct investigations. As of May 7th 2002, HEG had a full complement of social workers for the first time in over a year. When fewer social work positions were filled, the staff took turns screening calls or the HEF screener, covered intake calls for both teams. When an HEG Social Worker was screening the intake calls they would often carry out any investigations that they had received while they were screening intake calls.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader	7 months	C.Q.RSW –Post Graduate Diploma	7 months	Partial	Permanent
Social Worker 1	1 ½ years	BSW	1 ½ years	Full	Permanent
Social Worker 2	1 yr. 4 mos.	BSW &Diploma Child Care	6 years	Full	Permanent
Social Worker 3	5 months	BA CYC	8 Months	Full	Permanent
Social Worker 4	3 months	BSW	6 Months	Full	Permanent
Social Worker 5	4 Days	BA BSW	6 years	Full	Permanent
Social Worker 6	2 ½ years	BSW	3 years	Full	Permanent

There has been considerable staff turnover at HEG over the past eight months. In September 2001, the current Team Leader arrived filling the Team Leader position, which had been filled by several people on Temporary Assignments for 6 months prior to the Team Leader's arrival. In the months following the new Team Leader's arrival, the team experienced a number of unexpected staffing changes. Between January and March 2002, three social workers left their positions with HEG. In early May 2002 two Social Workers joined the staff at HEG. One of these Social Workers was returning to the HEG Team following a year of educational leave. The other Social Worker had previously worked on the HEF Team as a screener and returned from a year of parenting leave. In addition, the Team Leader was on leave for six weeks during December and January 2002.

During the staffing shortages, the team was assisted by experienced social workers from the lower mainland. These Social Workers filled in at the office for periods ranging from a day or two to five or six weeks in some cases. These social workers not only conducted investigations but assisted in the training of the two new social workers who arrived in December 2001 and January 2002.During the periods over the past year when HEG has been short staffed, an HEF Social Worker has screened intake calls for both offices.

b) Administrative Services Staff Complement/Staff Turnover

As has already been stated, HEG and HEF are co-located on the same floor. The two Teams share 3.5 Full Time Equivalents (FTE's) for Administrative Service. There is one Office Manager position and 2.5 Office Assistant (OA) positions. The Office Manager is responsible for both HEG and HEF, while each of the two teams have a designated OA. Both teams share the .5 OA position. The Administrative Services staff are stationed together in one area and share the responsibility for reception and answering the telephone. The OA's report to the Office Manager and the Office Manager reports to the HEG Team Leader.

There have been a number of changes in the Administrative Services staff over the past year. The Office Manager is a permanent, full time, employee who came to the office in December 2001. The OA for HEG has been on a secondment to another office since August 2001, and an auxiliary staff person is filling that position. Before going on a secondment, the OA was on leave for a few weeks. The OA for HEF has been leave since April 17, 2002 and is expected back at the end of May 2002. Some backfill has been provided from other offices. The OA in the .5 position is a permanent full time person, who is shared with another office. Before January 2002, there were several OA's in the .5 position.

The Office Manager advised that there are monthly meetings between the HEG and HEF Administrative Services staff. The Office Manager reported that team building has begun, and the focus is to work together as a team. The Office Manager has begun to complete Quarterly Reviews with each of the OA's, as part of the team building process. Although the OA's for HEG and HEF are responsible for work relating to their respective teams, they assist each other whenever possible. Periodically the Office Manager also attends the staff meetings for HEG and HEF.

The Office Manager advised there is an Occupational Safety and Health Committee (OSH) for the building, which meets monthly. The Office Manager is also on this committee. There are also monthly meetings for all Office Managers in the Simon Fraser Region.

c) Current Workload

MARS indicates that HEG received 264 service requests over the six-month period ending in March 2002. Since they were not fully staffed at various times throughout this period, the social workers took turns screening the calls and investigating the child protection complaints. When the new team leader arrived in September 2001, there was a waitlist of outstanding investigations. Currently there is no waitlist of outstanding investigations however the Intake Status Report indicated that there are 50 intakes that have been open over 30 days and another 15 open for more than 90 days.

As noted above, as of May 6th 2002 the Child Protection Intake & Assessment Team Burnaby North (HEG) Team had a full complement of social workers. In the near future the Team Leader will designate one of the social workers as the screener. The screener is also expected to handle or refer some of the routine service requests. If the screener identifies the need for ongoing Voluntary Family Service they will refer the file to the appropriate Integrated Service Co-ordinators located on the Family Service Teams responsible for serving the children and families in the identified area. Social workers provide backup for the screener and conduct investigations.

At the beginning of the audit there were 80 open Family Service Files. The Team Leader reports that the experienced social workers carry a caseload of 16 or 17 Open Investigations to complete or write up for transfer. The newer social workers have fewer than 10 Open cases at a time.

5. TRAINING

The Team Leader has completed the following training:

- Child Protection Worker Training
- Risk Assessment
- Advanced Risk Assessment
- Cultural Awareness Training

The Social Workers have completed the following training:

- Core Training
- Risk Assessment Training
- Advanced Risk Assessment Training
- Cultural Awareness Training- 4 Social Workers
- Investigative Interviewing – 3 Social Workers
- Fetal Alcohol Syndrome/Effect (FAS/FAE) & Narcotics Abstinence Syndrome/Effect (NAS/NAE) –2 Social Workers
- Substance Misuse- 1 Social Worker
- Intake & Child Services (I&CS) Training- 1 Social Worker
- Computer Training – Outlook- 3 Social Workers
- Youth Suicide Prevention – 1 Social Worker
- Youth Agreement Training- 2 Social Workers

6. SUPERVISION/CONSULTATION

The Team Leader has been with the Child Protection Intake and Assessment Team- Burnaby North since September 2001. Due to the emergent nature of the work the Team Leader must be available for consultation at all times. The social Workers who were interviewed indicated that the Team Leader maintains an open door policy regarding required consultations for risk decisions one through four, or to develop an investigation plan in cases which require an immediate response.

The team leader informed us that when the door is shut, the social workers would knock if they require urgent consultation. The Team Leader is available by cell phone when not in the office. When the Team Leader is not in the office for longer absences, the Social Workers are able to consult with the HEF Team Leader who is in the same location as the HEG Team.

The HEG team meets every morning to review the intakes from the previous day and the After Hours Memo's that have arrived in the morning. During this meeting plans for the day are discussed and coverage for intake screening is confirmed. Team meetings occur every week on Wednesdays. Before this meeting the Administrative Support Staff print out lists of the Social Worker's caseloads for review during the meeting. These meetings are also utilized to update the team members about new policies (e.g., Ministry of Human Resources (MHR) –changes to daycare etc.) that could affect the families they are working with or referrals to particular agencies.

The Team Leader is available to provide support and consultation to new team members on an ongoing basis. New Social Worker's who join the team will be assigned to an experienced Social Worker who will act as their mentor. The mentors are expected to orient the new Social Workers to intake procedures and practices, and to act as a sounding board to assist the new Social Workers in dealing with the wide and varied issues that arise in this multi-cultural area of the province.

In addition to ongoing consultation and supervision, the Team Leader meets with each Social Worker on the team every month. During this meeting the Social Workers go through every open file on tbeir caseload and discuss what work they have done on the file and what they need to do. The Team Leader records the information and planning discussed during this monthly meeting on a ' File Review' form developed for this purpose. The information collected includes the date the call was received, the response time, the priority and the Social Worker and Team Leader's comments. By using this form the Team Leader is able to get a clear picture of each Social Worker's workload and possible training issues. During the monthly meeting with the Social Workers the Team Leader assists the Social Workers organize their time and set priorities for service.

The Regional Child Protection Manager, who is available via her phone or cell phone on a regular basis, supervises the Team Leader. During our audit the Child Protection Manager came to HEG to screen calls while the team was taking a training day.

7. INTAKE AND TRACKING SYSTEMS

When a new intake call comes into to HEG the Administrative Support Staff will attempt to get enough information from the caller to determine if the client is already involved with a social worker or if they have any history of involvement with the Ministry of Children and Family Development. This information is then passed to the Social Worker who is designated as the Intake Screener. All new intake calls are received and screened by the intake screener at HEG.

Previously, intake calls were assigned by geographical area, however, this practice was changed and intake calls for HEF and HEG are now assigned alternately. The new arrangement has resulted in a more equitable distribution of the intake calls between the offices. After Hours Memorandums are distributed according to the alphabet with HEF receiving calls from or about clients with a last name between A-L and HEG from M-Z.

The intake screener will conduct a file search on Management Information System (MIS) and print the Prior Contact Check. They will then open a MIS Notepad and record the details of the case. If the report appears to be urgent or questionable the screener will print the notepad, attach the Prior Contact Check (PCC) and consult with the team leader about the time frame and an investigation plan.

Intake calls are also recorded in the Intake Log Book. The Log Book is a record of all the notepads recorded by the screener, and the After Hours memos. Each case is assigned a tracking number for tracking purposes. The Intake Log lists the following information:

- The date the intake was received
- The Name of the clients
- A description of the case
- The time line to complete the investigation (e.g., 5 days, 24 hrs, etc.)
- Who took the call
- Who the intake is assigned to
- The Date the Intake is assigned or transferred

Every morning the Social Workers and the Team Leader from HEG meet briefly to discuss the new cases from the day before and any After Hours Memos that arrived in the morning. The are placed in one of three folders : 1) the intermediate high priority folder; 2) the 5 day folder; or the 3) the support folder. Most of the intake calls are from professionals in the community e.g., teachers, counselors, doctors etc. Cases that need to be assigned immediately are assigned and the investigator is noted in the Intake LogBook. In addition to the daily meetings, intake reports are discussed during each Social Worker's monthly supervision session with the Team Leader.

Regional staff shortages of last spring and summer led to a backlog of intakes to be assigned or investigated. Simon Fraser Region identified over 200 waitlisted investigations in four out of five intake offices. HEG had identified 65 files at the time. The Region mounted a response to deal with this protection backlog, utilizing a variety of approaches in different offices. At HEG, the waitlisted files were initially screened by the protection managers then assigned to the Child Protection Consultant and a protection social worker to address. The social worker was assisted for a brief period of time by two contracted employees of a community agency. At the time of the new Team Leader's arrival in September 2001, these backlogged investigations would have just been completed.

Due to the emergent nature of the work the Team Leader is available in the office or by cell phone at all times. If the Team Leader is unavailable for any length of time the Team Leader for Burnaby South Intake Team is consulted regarding Risk Decisions one through five. If the investigating social worker decides that court action is required the HEG social workers are required to do the first appearance to the court and the Comprehensive Risk Assessment prior to transfer to the appropriate Family Service Team. The HEG Team Leader contacts the Family Service Team Leader as soon as it becomes apparent that the file(s) will need to be transferred to a Family Service Team. When the Family Service Team Leader is satisfied that all the documentation is about to be completed , they assign the case to a particular social worker.

Prior to the transfer of Family Service or Child Service files to the appropriate Family Service Team, the Intake Social Worker from HEG contacts the new Family Service Social Worker to arrange a joint meeting with the child and family whenever possible. For a variety of reasons, the meetings do not always occur prior to file transfer. Now that the office has a full complement of staff, these meetings will hopefully become the standard practice in future.

Before signing off a Child Protection Investigation report the Team Leader ensures that the social worker has contacted all the key informants for collateral information. Following this process the files are either opened as ongoing Family Service files and Child Service Files or they are closed.

8. PROTOCOLS

The region has provided a listing of protocols and agreements currently in effect in all offices in the region, including this office (HEG). A listing of the protocols and agreements and their effective dates is included in Appendix III.

9. ABORIGINAL SERVICES

There are no Aboriginal Reserves in Burnaby, however there are aboriginal people living off reserve and there is also a Metis population. The aboriginal and Metis people living in Burnaby are not from one geographical area, but originate from all parts of British Columbia and Canada. HEG works with the urban Aboriginal agencies; Vancouver Aboriginal Child and Family Services Society (VACFSS); Metis Family Services; and First Nations Urban Community Services. First Nations Urban Community Services is located in New Westminster and provides parenting programs, family support, supervised access, drug and alcohol counseling.

There are protocols with the Metis Family Services and VACFSS. The Metis Family Services is responsible for Metis children, in the Burnaby area, who are in care under Continuing Custody Orders and are transferred to this agency. This agency also provides family support. MCFD continues to be responsible for guardianship for aboriginal children in Burnaby. MCFD is responsible for receiving and investigating protection intakes for all aboriginal and Metis children in Burnaby.

10. AUDIT SAMPLE

The auditors were asked to review 20-25% of the Child Protection or Requests for Service Intake received in the past 6 months (October 1991 to March 1992). The Intake and Investigation Reports Over Time indicated that there were 264 Child Protection Reports or Requests for Service during this period. Of the 264 intakes, 224 (85%) were designated as Child Protection Reports and 40 (15%) as non protection requests for service.

The auditors reviewed **72 (27 %)**Family Service Files that had been closed in the last six months. Of the 72 files audited **62** files were designation as Protection Intake and **10** as Non Protection Intake.

11. COMPLIANCE TO CHILD PROTECTION PRACTICE

Sixty-two (62) Child Protective service files were audited. Overall compliance to the child protection standards was 79.25 **%**. Information for determining compliance to the standards was based on documentation.

Child Protection intake reports were audited for compliance to the child protection standards, the risk assessment model and case management policy to include:

- the quality of the investigation
- compliance to utilization of the risk assessment model
- the quality of the assessments/decisions made
- the appropriate use of removal and court intervention, where applicable.

Ongoing Child Protective Services were audited for compliance to the child protection standards, case management policy and procedures and the risk assessment model, including:

- quality of the risk reduction plan
- clarity of goals along with timeframes
- involvement of family and community partners
- nature of the monitoring and evaluation of the service provided
- goals and monitoring of supervision orders
- reassessment of risk at critical points during the case management process
- the process around file transfer and closure, as applicable.

A small number of Child Protection files were brought to the attention of the Team Leader.

The following provides a breakdown of the compliance ratings:

1. **Protocols**
   The standard was rated C in 3 of 62 cases (5%), and CA in 58 of the 62 cases (94%), reflecting good practice and appropriate participation with community and professionals and agencies in the absence of formalized protocols. One case was rated NC where police did not provide social worker with report until some time later (beyond control of social worker).

2. **Children from Aboriginal Communities**
   The standard was rated C in 60 of 62 cases (97%). 2 cases were rated NC where the band/community was not identified on the case snapshot.

3. **Cultural, Racial and Religious Differences**
   The standard was rated C in 61 of 62 cases (98%). One case rated NC where cultural, racial, religious differences were not noted on case snapshot.

4. **Reportable Circumstances**
   The standard was rated C in one of one applicable case (100%).

5. **Case Records**
   The standard was rated C in 40 of 62 cases (65%). 22 cases where rated NC. Of the 22 NC cases; 18 were NC due to incorrect or missing information on the Case Snapshot; 1 file was missing an intake; 2 files were missing court documents; and 1 file was left open 1 ½ years after the intake was closed.

6. **Supervisory Responsibility**
   The standard was rated C in 52 of 62 cases (84%). 10 cases were rated NC where there was no record of consultation with Team Leader (TL) at Risk Decision (RD) 1,2,3,or 4.

7. **Assessment of Reports**
   The standard was rated C in 61 of 62 cases (98%). One case was rated NC where the caller information was not dated so it was difficult to determine which report was being assessed. (Two reports were being assessed on same intake).

8. **Prior Contact Check and Registration**
The standard was rated C in 54 of 62 cases (87%). 8 cases were rated NC where no record of PCC on file.

9. **Determining the Speed of Assessment**
The standard was rated C in 61 of 62 cases (98%). One case was rated NC where the file indicated that the matter was not assessed in time period.

10. **Risk Decision 1: Deciding Whether to Investigate**
The standard was rated C in 60 of 62 cases (97%). 2 cases were rated NC where Section 13 concerns were identified but there was no record that the concerns were investigated.

11. **Informing the Police**
The standard was rated C in 12 of 22 applicable cases (55%). 10 cases were rated NC where there was no information on file that would indicate that the police were notified about expected or stated criminal activity, or where there was a known history of criminal activity.

12. **Risk Decision 2: Decide Investigation Response Time**
The standard was rated C in 44 of 58 applicable cases (76%). 14 cases were rated NC where the investigation was not begun in the identified time period.

13. **Initial Plan of Investigation**
The standard was rated C in 40 of 58 applicable cases (69%). 18 cases were rated NC where no record of an initial plan of investigation could be found on the file.

14. **Steps Required to Complete the Investigation**
The standard was rated C in 33 of 58 applicable cases (57%). 25 Cases were rated NC. In 15 cases the collateral checks were incomplete and /or key collateral information was not recorded on the intake; in 9 cases no collateral information was found on the file and in 1 case there was no record that a home visit had been made.

15. **Seeing and Interviewing the Child**
The standard was rated C 45 of 56 applicable cases (80%). One case was rated NCF where the child refused to talk with the social worker (beyond the control of the social worker). 10 cases were rated NC. In 1 case the child was interviewed over the phone; in 2 cases no record was found of interviews with any children; in 4 cases some of the children in the family were not interviewed; and in 3 cases the social worker's interview with the children did not adequately address the Section 13 concerns identified in the complaint.

16. **Arranging Medical Examination for the Child**
The standard was rated C in 7 of 12 applicable cases (58%). One case was rated NCF where the social worker recommended child see the doctor but child refused. 4 cases were rated NC where no record was found of the child's medical exam.

17. **Seeing and Interviewing the Parent**
The standard was rated C in 46 of 58 applicable cases (79%). One case was rated NCF where the social worker only had e-mail contact with a parent who was out of the country (beyond social worker's control). A further 11 cases were rated NC. In 6 of these cases a there was only a record of one parent being interviewed; in 2 cases no records were found that indicated the parent(s) were interviewed; in 2 case the record of the parents interview did not address all the Section 13 issues in the report; and in 1 case there was a delay in interviewing one of the parents.

18. **Risk Decision 3: Assess Child's Immediate Safety**
The standard was rated C in 38 of 57 applicable cases (67%). 19 cases were rated NC where insufficient information to a make a decision; decision wrongly coded (decision was that child was not safe and coded that child was safe).

19. **Risk Decision 4: Decide if Child Needs Protection**
The standard was rated C in 40 of 57 applicable cases (70%). 17 cases were rated as NC where there was insufficient information on the file to make this decision or the decision was coded incorrectly (e.g., a decision was made to remove the children, however file reports indicate that the children are not in need of protection)

20. **Investigative Action - Cannot Locate Child or Family**
The standard was rated C in 4 of 4 applicable cases (100%).

21. **Recording and Reporting the Investigation Results**
The standard was rated C in 42 of 57 applicable cases (74%). 15 cases were rated NC where no record that caller/parents were advised of investigation results.

22. **Time Limit for Investigations**
The standard was rated C in 40 of 58 applicable cases (69%). 18 cases were rated NC where the investigation not completed in 30 days.

23. **Risk Decision 5: Assess Risk of Future Abuse Neglect**
The standard was rated NC in 2 of 2 applicable cases where children were removed and returned to parents without completing a RD5.

24. **Risk Assessment of a Third Report**
The standard was rated NC in one of the one applicable cases. In the case rated NC there was no record that a comprehensive risk assessment had been completed after receiving the third protection report in a one-year period.

25. **Risk Decision 6: Developing a Risk Reduction Plan**
The standard was rated NC in 2 of 2 applicable cases where no record was found that the Social Worker completed a Risk Reduction Plan.

26. **Supervision Orders**
The standard was non-applicable in all 62 cases.

27. **Removing a Child**
The standard was non-applicable in all 62 cases.

28. **Risk Decisions 7, 8, 9,: Reassessing Risk**
The standard was non-applicable in all 62 cases.

29. **Reclassify - Protective to Non Protective Family Service**
The standard was non-applicable in all 62 cases.

30. **Where a Child or Family is Missing**
The standard was non-applicable in all 62 cases.

31. **Transferring a Protective Family Service Case**
The standard was non-applicable in all 62 cases.

32. **Closing a Protective Family Service Case**
The standard was rated C in 34 of 62 cases (55%). 28 cases were rated NC where more information or actions were required before closing the file.

12. COMPLIANCE TO NON PROTECTIVE FAMILY SERVICE PRACTICE

Ten (10) family service files designated as non-protective were audited. Overall compliance to the non-protective family service standards was 92.16 %. Information for determining compliance to the standards was based on documentation.

The files were audited for compliance to case management procedures and policy, including:

- the quality of the assessment
- an outline of the service plan with clearly stated goals, objectives and time frames
- evaluation and review of the service plan, including an evaluation of the support services provided to the family
- file transfer and closure, where applicable.

The following provides a breakdown of the compliance ratings:

1. **Protocols**
The standard was rated CA in all 10 cases (100%) reflecting good practice and appropriate participation with community professionals and agencies in the absence of formalized protocols.

2. **Children from Aboriginal Communities**
The standard was rated C in all 10 cases (100%).

3. **Cultural, Racial & Religious Differences**
The standard was rated C in all 10 cases (100%).

4. **Reportable Circumstances**
The standard was non-applicable in all 10 cases.

5. **Case Records**
The standard was rated C in 7 of 10 cases (70%). 3 cases were rated NC where the file was coded incorrectly or the snapshot was incomplete.

6. **Supervisory Responsibility**
   The standard was rated C in 9 of 10 cases (90%). One case was rated NC where there was no record of the Social Worker consulting with the Team Leader.

7. **Initial Assessment of Referrals, Service Requests, Reports**
   The standard was rated C in all 10 cases (100%).

8. **Prior Contact Check & Registration**
   The standard was rated C in 9 of 10 cases (90%). One case was rated NC there was where no record of PCC on file.

9. **Determining the Speed of Assessment**
   The standard was rated C in all 10 cases (100%).

10. **Comprehensive Assessment**
    The standard was non-applicable in all 10 cases.

11. **Legal Documentation**
    The standard was rated NC in one of one applicable cases where legal documents were missing from the file.

12. **Service Plan with Goals & Time Frames**
    The standard was non-applicable in all 10 cases.

13. **Service Plan Monitored**
    The standard was non-applicable in all 10 cases.

14. **Service Plan Review/Evaluation**
    The standard was non-applicable in all 10 cases.

15. **Reclassifying Case from Protective FS to Non-Protective FS**
    The standard was rated NC in one of the one applicable cases where the file was coded as protection but it should have been non-protection.

16. **Transferring a Family Service Case**
    The standard was non-applicable in all 10 cases.

17. **Closing a Family Service Case**
    The standard was rated C in all 10 cases (100%).

18. **Recording**
    The standard was rated C in 9 out of 10 cases (90%). One case was NC where the file recordings should have been in protection format and further information was needed before closing the file.

13. RECOMMENDATIONS

The recommendations arising from this report were developed jointly with the region during a conference call, at which time the report and the results of the audit were reviewed.
It was noted during the conference call that staff shortages during spring and summer 2001 caused a regional backlog of intakes. Regional management developed a plan and responded to the staffing crisis at the time. Details of the effects of the shortage on the region and this office, are detailed elsewhere in this report.

The current supervisor was appointed in September, 2001 and, at the time of this audit (May 2002), the office had a full complement of staff for the first time in over a year. The arrival of the new supervisor and the stability of the team has resulted in significant improvement in compliance to practice. Consequently, the recommendations reflect the higher standard of the current practice. The team leader and the team should be commended for the obvious improvements over the past several months.

The following recommendations arose from the conference call.

1. That regional management ensures that any cases identified for review or attention, and any files containing non-compliance ratings, are reviewed for completion of any outstanding work.

- Since the audit, the region has addressed any outstanding work. **This recommendation is therefore met and no further response from the region is required on this recommendation.**

2. That the regional manager develop and implement a plan with the team leader and team to improve compliance in the following **child protection** practice areas:

- **Case Records** – documentation issue
- **Informing the Police** – no confirmation that police notified when required
- **Seeing and Interviewing the Parent** – This standard to be reviewed with the team. It is recognized that the office serves a very mobile population
- **Risk decision 3: Assessing Child's Immediate Safety** – This standard to be reviewed with the team.
- **Risk Decision 4**: **Decide if Child needs protection** – This standard to be reviewed with the team.
- **Recording and Reporting Investigation Results** - This standard to be reviewed with the team.
- **Risk Decision 5: Assess Risk of Future Abuse/neglect** – this is a regional issue – to be reviewed regionally
- **Risk Decision 6: Developing a Risk Reduction Service Plan** - This standard to be reviewed with the team.

3. That the regional manager develop and implement a plan with the team leader and team to enhance documentation and compliance in the following **non-protective family service** practice areas:

- **Case Records** – documenting complete family information
- **Initial Assessment of Referrals, Service Requests, Reports** – adequately documenting referrals and requests and adequately assessing reports
- **Determining the Speed of the Assessment** – assessing and documenting reports within the required time frame
- **Closing a Family Service File** – adequately assessing and documenting cases before closure

4. That the region provide the Interim Regional Chief Executive officer with an update on the status of recommendations # 2&3 within 60 days of receiving this report, with a copy to the Director, Quality improvement Branch for provincial tracking purposes.

Louise Reimer
Provincial Practice Auditor

Noreen O'Keefe
Provincial Practice Auditor

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

BRITISH COLUMBIA Ministry of Children and Family

New Child Protection Standards
Completed Case Audits
For All Auditors

For the period between 2002-Jan-01 and 2002-May-31

SUMMARY OF 62 CASE AUDIT(S) FOR OFFICE HEG

Code	Num	Standard Name	C		CA		CB		NCF		NC		NA
10-10-010	1	Protocols	3	5%	58	94%			1	2%			
10-10-020	2	Children From Aboriginal	60	97%							2	3%	
10-10-030	3	Cultural, Racial & Religious	61	98%							1	2%	
10-10-040	4	Reportable Circumstances	1	100%									61
10-10-050	5	Case Records	40	65%							22	35%	
10-10-060	6	Supervisory Responsibility	52	84%							10	16%	
10-20-010	7	Assessment Of Reports	61	98%							1	2%	
10-20-020	8	Prior Contact Check And Registration	54	87%							8	13%	
10-20-030	9	Determining The Speed Of	61	98%							1	2%	
10-20-040	10	Risk Decision 1: Deciding Whether	60	97%							2	3%	
10-20-050	11	Informing The Police	12	55%							10	45%	40
10-30-010	12	Risk Decision 2: Determine	44	76%							14	24%	4
10-30-020	13	Initial Plan Of Investigation	40	69%							18	31%	4
10-30-030	14	Steps Required To Complete The	33	57%							25	43%	4
10-30-040	15	Seeing And Interviewing The Child	45	80%					1	2%	10	18%	6
10-30-050	16	Arranging A Medical Exam For The	7	58%					1	8%	4	33%	50
10-30-060	17	Seeing And Interviewing The	46	79%					1	2%	11	19%	4
10-30-070	18	Risk Decision 3: Assessing Child's	38	67%							19	33%	5
10-30-080	19	Risk Decision 4: Decide If The Child	40	70%							17	30%	5
10-30-090	20	Investigation Where Child Or Family	4	100%									58
10-30-100	21	Record & Report Investigation	42	74%							15	26%	5
10-30-110	22	Time Limit For Investigations	40	69%							18	31%	4
10-40-010	23	Risk Decision 5: Assess Risk Of									2	100%	60
10-40-020	24	Risk Assessment Of A Third Report									1	100%	61
10-50-010	25	Risk Decision 6: Developing A Risk									2	100%	60
10-50-020	26	Supervision Orders											62
10-50-030	27	Removing A Child											62
10-60-010	28	Risk Decisions 7, 8, 9: Reassessing											62
10-60-020	29	Reclassify Case From Protective To											62
10-60-030	30	Where A Child Or Family Is Missing											62
10-60-040	31	Transferring A Protective Family											62
10-60-050	32	Closing A Protective Family Service	34	55%							28	45%	

Applicable Standards: 1181 **Standards in Compliance: 936** **Overall level of compliance: 79.25%**

Compliance Definitions:

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only

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BRITISH COLUMBIA Ministry of Children and Family

Non Protective Family Service
Completed Case Audits
For All Auditors

For the period between 2002-Jan-01 and 2002-May-31

SUMMARY OF 10 CASE AUDIT(S) FOR OFFICE HEG

Code	Num	Standard Name	C		CA		CB	NCF	NC		NA
30-10-010	1	Protocols			10	100%					
30-10-020	2	Children From Aboriginal	10	100%							
30-10-030	3	Cultural, Racial & Religious	10	100%							
30-10-040	4	Reportable Circumstances									10
30-10-050	5	Case Records	7	70%					3	30%	
30-10-060	6	Supervisory Responsibility	9	90%					1	10%	
30-25-010	7	Initial Assessment Of Referrals,	10	100%							
30-25-020	8	Prior Contact Check & Registration	9	90%					1	10%	
30-25-030	9	Determining The Speed Of	10	100%							
30-35-010	10	Comprehensive Assessment									10
30-35-020	11	Legal Documentation							1	100%	9
30-35-030	12	Service Plan With Goals & Time									10
30-35-040	13	Service Plan Monitored									10
30-35-050	14	Service Plan Review/Evaluation									10
30-60-020	15	Reclassifying A Case From Protective							1	100%	9
30-60-040	16	Transferring A Family Service Case									10
30-60-050	17	Closing A Family Service Case	10	100%							
30-65-010	18	Recording	9	90%					1	10%	

Applicable Standards: 102 **Standards in Compliance: 94** **Overall level of compliance: 92.16%**

Compliance Definitions:

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only
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APPENDIX II: OFFICE TO PROVINCE COMPLIANCE COMPARISONS

BRITISH COLUMBIA Ministry of Children and Family

New Child Protection Standards
Compliance Comparison

Standard	Short Description	*2002-Jan-01 to 2002-May-31* **Office HEG Percentage Total # audits - 62**	*2001-Apr-01 to 2002-May-31* **Provincial Average Compliance Total # audits - 1257**	**Variance + Increase - Decrease**
10-10-010	Protocols	98%	98%	%
10-10-020	Children From Aboriginal Communities	97%	93%	3%
10-10-030	Cultural, Racial & Religious Differences	98%	99%	-1%
10-10-040	Reportable Circumstances	100%	67%	33%
10-10-050	Case Records	65%	73%	-8%
10-10-060	Supervisory Responsibility	84%	59%	25%
10-20-010	Assessment Of Reports	98%	95%	3%
10-20-020	Prior Contact Check And Registration	87%	75%	12%
10-20-030	Determining The Speed Of Assessment	98%	94%	4%
10-20-040	Risk Decision 1: Deciding Whether To Investigate	97%	90%	7%
10-20-050	Informing The Police	55%	77%	-22%
10-30-010	Risk Decision 2: Determine Investigation Response Time	76%	90%	-14%
10-30-020	Initial Plan Of Investigation	69%	64%	5%
10-30-030	Steps Required To Complete The Investigation	57%	64%	-7%
10-30-040	Seeing And Interviewing The Child	80%	72%	8%
10-30-050	Arranging A Medical Exam For The Child	58%	63%	-5%
10-30-060	Seeing And Interviewing The Parent(s)	79%	74%	5%
10-30-070	Risk Decision 3: Assessing Child's Immediate Safety	67%	74%	-8%
10-30-080	Risk Decision 4: Decide If The Child Needs Protection	70%	75%	-5%
10-30-090	Investigation Where Child Or Family Can't Be Located	100%	52%	48%
10-30-100	Record & Report Investigation Results	74%	70%	4%
10-30-110	Time Limit For Investigations	69%	63%	6%
10-40-010	Risk Decision 5: Assess Risk Of Future Abuse & Neglect	N/A	58%	
10-40-020	Risk Assessment Of A Third Report	N/A	33%	
10-50-010	Risk Decision 6: Developing A Risk Reduction Plan	N/A	37%	
10-50-020	Supervision Orders	N/A	71%	N/A
10-50-030	Removing A Child	N/A	68%	N/A
10-60-010	Risk Decisions 7, 8, 9: Reassessing Risk	N/A	33%	N/A
10-60-020	Reclassify Case From Protective To Voluntary Fam. Serv.	N/A	25%	N/A
10-60-030	Where A Child Or Family Is Missing	N/A	63%	N/A
10-60-040	Transferring A Protective Family Service Case	N/A	89%	N/A
10-60-050	Closing A Protective Family Service Case	55%	69%	-14%
	Overall Level of Compliance	**79.25%**	**77.82%**	**+1.08%**

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BRITISH COLUMBIA Ministry of Children and Family

Non Protective Family Service Compliance Comparison

Standard	Short Description	*2002-Jan-01 to 2002-May-31* **Office HEG Percentage Total # audits - 10**	*2001-Apr-01 to 2002-May-31* **Provincial Average Compliance Total # audits - 348**	**Variance + Increase - Decrease**
30-10-010	Protocols	100%	98%	2%
30-10-020	Children From Aboriginal Communities	100%	93%	7%
30-10-030	Cultural, Racial & Religious Differences	100%	99%	1%
30-10-040	Reportable Circumstances	N/A	25%	N/A
30-10-050	Case Records	70%	73%	-3%
30-10-060	Supervisory Responsibility	90%	89%	1%
30-25-010	Initial Assessment Of Referrals, Service Requests, Reports	100%	82%	18%
30-25-020	Prior Contact Check & Registration	90%	72%	18%
30-25-030	Determining The Speed Of Assessment	100%	91%	9%
30-35-010	Comprehensive Assessment	N/A	69%	N/A
30-35-020	Legal Documentation	N/A	68%	
30-35-030	Service Plan With Goals & Time Frames	N/A	59%	N/A
30-35-040	Service Plan Monitored	N/A	61%	N/A
30-35-050	Service Plan Review/Evaluation	N/A	60%	N/A
30-60-020	Reclassifying A Case From Protective FS To Voluntary FS	N/A	10%	
30-60-040	Transferring A Family Service Case	N/A	83%	N/A
30-60-050	Closing A Family Service Case	100%	80%	20%
30-65-010	Recording	90%	68%	22%
	Overall Level of Compliance	**92.16%**	**81.81%**	**+8.07%**

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APPENDIX III:
Provincial Protocols

2002

1.	Deputy Director's Review/Recommendations (File Transfers)	February 12
2.	Child & Youth Mental Health Youth Transition Services	February 8
3.	Intake/Investigation Protocol between Xyolhemeylh & MCFD	January 24

2001

1.	Practice Guidelines for Assessing Parental Substance Use As a Risk Factor in Child Protection Cases	December 19
2.	Accessing MHR Information under CFCSA	December 3
3.	Practice Guidelines for Assessing Parental Substance Use As a Risk Factor in Child Protection Cases	November
4.	MCFD/Vancouver Police Department Protocol	November 22
5.	Protocols for Foster Homes	July
6.	Practice Guidelines for Managing Critical Health Care Decisions Including Advance Health Care Directives	July
7.	Complaints Process Policy	July 19
8.	Protocol Agreement between Metis Family Services & MCFD	June 26
9.	Procedures for Accelerated Review of Imminent MCF Placement Decisions	June 1
10.	Supporting our Students	May 24
11.	Practice Guidelines for Deciding Whether a Child Sexual Offender Can Rejoin a Family	April
12.	Child Protection and Liability	March 16

2000

1.	Accelerated Placement Dispute Resolution Process	December 19
2.	Critical Incident Response Service Protocol	August 8
3.	Media Guidelines	July 25
4.	Young Parent Program	July 14
5.	Nisga'a Treaty	May 11
6.	Interministy (MCF/Ministry of Education) Protocols Update	February 3
7.	Memorandum of Understanding (MOU) for Information Sharing between the Medical Services Commission and MCF	February 3

1999

1.	Interim Protocol Framework: MSDES	December 21
2.	Budget Transfers for Adults with Developmental Disabilities Moving Between Regions	December 15
3.	Practice Guidelines for Managing Critical Health Care Decisions Including Advance Health Care Directives	November
4.	A Guide to the Privacy Charter	November 30
5.	Inter Ministerial Protocols for Provision of Support Services To Students – Review Project	October
6.	Practice Guidelines for Restricted Access Files	October
7.	Satellite Homes	October 17

8. Protocol Agreement between Ayas Men Men Program and MCF July 22
9. Lateral Transfer Protocol May 25
10. MOA between MCF and the Ministry of Attorney General - Revised May 21
11. Out of District Placements May 3
12. Case Transfer Protocol (Draft) March
13. Clarification on Completion of Issue Alerts and Serious Incident/ Critical Injury Fatality Reports March 26
14. Referral and Admissions Protocols – MCF & BC Children's Hospital March 12
15. Child Protection Mediation Program February 5
16. MOA between the Office of the Chief Coroner and MCF January 12

1998

1. Memorandum of Understanding for Access to Information (ICBC) October 30
2. New Staff Training & Employee Development Form & Draft Staff Training & Employee Development Procedures October 30
3. Child Protection Reporting and Health Authorities October 26
4. Child, Family & Community Service Act ~ Service Expectations For Contract Counsel October 21
5. MCF/Education Partners Committee Record of Decisions October 8
6. File Transfer & Computer Access to First Nations Child Welfare Organizations October 1
7. Protocol Agreement between MCF & Spallumcheen Band Council July 21
8. MOU between MCF & Ministry of Advanced Education, Training & Technology (MAETT) July 20
9. Protocol For Communication between Staff of MCF & PhysiciansFebruary

1997

1. Child Abuse & Neglect Guidelines (College of Physicians & Surgeons) May

1996

1. "Schedule A" Advice to Social Workers Subpoenaed to Testify in Non-CFCSA Proceedings April 1

1989

1. Inter-Ministerial Protocols for the Provision of Support Services To Schools October 10

Federal

2001

1. Revised Provincial/Territorial Protocol on Children and Families Moving Between Provinces & Territories February 22

Simon Fraser Region

2002

1. Practice Guidelines for District Office Spending 2002
2. Placement With Other ~ Use of CFCS Act Section 41(1)(b) and 35(2)(d) May 16
3. Responding to Child Abuse & Neglect ~ Co-operative Procedures for The Investigation of Alleged Child Abuse Involving MCFD & Health Care Providers in Simon Fraser Area of the Fraser Health Authority May 6
4. Operating Procedures ~ Doula Services April 4
5. Operating Procedures ~ File Transfer Guidelines April 4
6. Operating Procedures ~ Family and Child Assessments April 4
7. Pregnant Women Whose Behaviour or Health are High-Risk April 17

2001

1. Care of Substance-Exposed Infants Discharge from Hospital to The Community (Safe Babies Protocol) 2001
2. Screening Function at Intake and Assessment Teams November 27

2000

1. Co-operative Procedures for the Investigation of Alleged Child Abuse Involving Child Care Centres and MCFD December 12
2. SCL/CFCS Protocol: Matrix, Flow Charts and Q's and A's November 30
3. Protocol Framework and Working Guidelines between Child Protection and Addiction Services November 6
4. 60 – Day Interim Approval for Restricted Foster Home June 26
5. Procedures for Requesting A Restricted Homestudy June 23
6. Assessing Protection Reports in Foster Homes June 23
7. Internal Reporting of Child Protection Concerns by Non-Protection MCF Staff June 23
8. Assessing Non-Custodial Parents in FRA Joinders June 23
9. Opening Files for Youth June 23
10. Pregnant Women Who Substance Abuse June 23
11. Social Worker Readiness to Test for Full Delegation June 23
12. Youth Agreements Protocol between MSDES & MCF March 1
13. Strategically Targeted Initiative Funding from MHECCU January 11

1999

1. Agreement between Simon Fraser Region & Lower Mainland Facilities Area Youth Custody Services ~ Liaison Social Worker Position December 1
2. Responsibilities of the Simon Fraser Health Region Staff for Reporting Situations When a Child Is In Need of Protection February 2
3. Referral & Admissions Protocol between MCF & B.C. Children's Hospital Children's Psychiatric Unit & Adolescent Psychiatric Unit January 1

Local Protocols

Ridge Meadows

1. Reporting & Investigation of Alleged Child Abuse & Neglect Involving MCFD and the RCMP in Ridge Meadows Communities — June 12, 2002
2. Protocol Agreement between Katzie First Nation & MCF — April 6, 1999
3. Ridge Meadows Child Development Centre Policy & Procedures — No Date

Tri-Cities

1. Child Sexual Abuse Protocol — May, 1995

Burnaby/New Westminster

1. Local Protocol for the Burnaby Youth Custody Services, Burnaby School District and MCF Child Protection Services — February 22, 2001
2. Transition Protocol–Turning 19 and Moving to SCL Adult Service — October 28, 1999
3. Calls for Information (RCMP/MCFD) — August 25, 1998
4. Burnaby RCMP Detachment Protocol for Child Abuse — February 20, 1990

APPENDIX IV: DESCRIPTION OF AUDIT STANDARDS

PRACTICE AUDIT STANDARDS FOR CHILD PROTECTION

ST#	STANDARD	C	CA	CB	NCF	NC	NA
1	Protocols						
2	Children from Aboriginal Communities						
3	Cultural, Racial and Religious Differences						
4	Reportable Circumstances						
5	Case Records						
6	Supervisory Responsibility						
7	Assessment of Reports						
8	Prior Contact Check and Registration						
9	Determining the Speed of Assessment						
10	Risk Decision 1: Deciding Whether to Investigate						
11	Informing the Police						
12	Risk Decision 2: Decide Investigation Response Time						
13	Initial Plan of Investigation						
14	Steps Required to Complete the Investigation						
15	Seeing and Interviewing the Child						
16	Arranging Medical Examination for the Child						
17	Seeing and Interviewing the Parent						
18	Risk Decision 3: Assess Child's Immediate Safety						
19	Risk Decision 4: Decide if Child Needs Protection						
20	Investigative Action - Cannot locate child or family						
21	Recording and Reporting the Investigation Results						
22	Time Limit for Investigations						
23	Risk Decision 5: Assess Risk of Future Abuse Neglect						
24	Risk Assessment of a Third Report						
25	Risk Decision 6: Developing a Risk Reduction Plan						
26	Supervision Orders						
27	Removing a Child						
28	Risk Decisions 7, 8, 9: Reassessing Risk						
29	Reclassify - Protective to Voluntary Family Service						
30	Where a Child or Family is Missing						
31	Transferring a Protective family Service Case						
32	Closing a Protective Family Service Case						

Compliance Definitions:

C **Compliance** as indicated in the scoring section for the standard being measured.

CA **Non-compliance** to the standard requirements but acceptable **alternative action** consistent with good practice is carefully chosen.

CB **Non-compliance** to the standard requirements but the action taken is in the **best interests of the child and approved in advance.**

NCF **Non-compliance** due to **factors beyond the control of the worker and/or supervisor.**

NC **Non-compliance** to the standard's criteria requirements.

NA **Not applicable** to the standard being measured.

PRACTICE AUDIT STANDARDS FOR CHILD SERVICE /GUARDIANSHIP

Revised April 1, 1999

1. 45-10-010 PROTOCOLS
Standard relates to the existence of protocols with police, Aboriginal Bands, etc., and carrying out practice according to the protocol.

2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES
Was it established if the child was from an Aboriginal community and was that community contacted and involved in the planning for the child?

3. 45-10-030 CULTURAL, RACIAL, RELIGIOUS DIFFERENCES
Standard relates to sensitivity, respect for differences, ensuring an interpreter is obtained if social worker cannot communicate with the child in it's language.

4. 45-10-040 REPORTABLE CIRCUMSTANCES
Critical incidents reported to the Director as defined by policy.

5. 45-10-050 CASE RECORDS
Are case records and confidential file information stored in a secure file room, etc.?

6. 45-10-060 SUPERVISORY RESPONSIBILITY
Supervisor is consulted according to policy.

7. 45-20-010 APPROPRIATE LEGAL PLAN
Appropriate use of care agreements; was removal appropriate; was extension appropriate, etc.?

8. 45-20-020 LEGAL DOCUMENTATION
Agreements; court documents; orders on file.

9. 45-20-030 PUBLIC TRUSTEE NOTIFIED
As defined in policy.

10 45-30-010 ADMISSION MEDICAL
Completed and on file.

11. 45-30-020 MEDICAL HISTORY OBTAINED AND RECORDED
Information gathered and records clearly identifiable on file.

12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED
Child's medical/dental needs followed up.

13. 45-40-010 OVERALL GOAL DETERMINED
As defined in policy

14. 45-40-015 DEVELOPING A COMPREHENSIVE PLAN OF CARE
Plan of care meeting occurs where possible and appropriate.

15. 45-40-021 PLAN OF CARE - TIMELY & CURRENT
Completed according to time frames.

16. 45-40-025 ASSESSMENT, PLANNING & VIEWS
Assessment and planning is appropriate to child's needs.

17. 45-40-030 CARE PLAN REVIEWED
Care plan reviews completed according to policy.

18. 45-40-040 MEET WITH CHILD
SW meets alone with child at least once every 3 months.

19. 45-40-050 RIGHTS OF CHILDREN IN CARE
Child is aware of Rights, given a copy. Work with child reflects child's rights.

20. 45-40-060 PREPARATION FOR INDEPENDENCE
Older youth is assisted to become independent; policy guidelines; discharge planning, etc.

21. 45-50-005 PLACEMENT
Placement consistent with Section 71 CFCS Act

22. 45-50-010 RESOURCE SUITABILITY
Is/have resources been suitable to child's needs?

23. 45-50-020 INFORMATION TO CAREGIVER
Was information regarding child and child's history provided to the caregivers?

24. 45-50-030 CONTINUITY AND STABILITY
Continuity, number of placements? Continuity, number of workers?

25. 45-60-010 REASSESSING RISK
Was risk reassessed before child was returned to parent (if there was a previous protection finding), or before expiration of a supervision order?

26. 45-60-030 MISSING, LOST OR RUNAWAY CHILD IN CARE
Policy guidelines followed in case on missing, AWOL child.

27. 45-60-040 FILE TRANSFER
File transfer process.

28. 45-60-050 FILE CLOSURE
Process around closure - meeting with the family, contacting collateral persons, etc.

29. 45-60-060 FILE RECORDING AND DOCUMENTATION
Frequency, content, opening summary, closing/transfer summary.

PRACTICE AUDIT STANDARDS FOR NON-PROTECTIVE FAMILY SERVICE

1. 30-10-010 PROTOCOLS
Expectation there are protocols in place with police agencies, etc. and that protocols are followed.

2. 30-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES
Establish if child is from Aboriginal community; community involved in assessment/ planning according to protocol.

3. 30-10-030 CULTURAL, RACIAL & RELIGIOUS DIFFERENCES
Sensitivity , respect for differences; obtained assistance where necessary i.e. interviewing.

4. 30-10-040 REPORTABLE CIRCUMSTANCES
Critical incidents reported to the Director according to policy.

5. 30-10-050 CASE RECORDS
Records kept confidential; maintained in secure file room.

6. 30-10-060 SUPERVISORY RESPONSIBILITY
Supervisor consulted on key decision points throughout case as required by policy; signatures on file as required.

7. 30-25-010 INITIAL ASSESSMENT OF REFERRALS, SERVICE REQUESTS, REPORTS
Information correctly assessed; support services offered; or referral to community agency; or referred for protection investigation.

8. 30-25-020 PRIOR CONTACT CHECK & REGISTRATION
PCC completed; intake registered on system.

9. 30-25-030 DETERMINING THE SPEED OF ASSESSMENT
24 hours.

10. 30-35-010 COMPREHENSIVE ASSESSMENT
As per case management policy

11. 30-35-020 LEGAL DOCUMENTATION
Agreements completed, signed, on file

12. 30-35-030 SERVICE PLAN WITH GOALS & TIME FRAMES
Service plan, goals outlined as defined in case management policy.

13. 30-35-040 SERVICE PLAN MONITORED
Plan monitored as defined in case management policy.

14. 30-35-050 SERVICE PLAN REVIEW/EVALUATION
Service plan, support services evaluated and reviewed as defined in case management policy.

15. 30-60-020 RECLASSIFYING CASE FROM PROTECTIVE FS TO VOLUNTARY FS
Risk was reassessed; supervisor consulted.

16. 30-60-040 TRANSFERRING A FAMILY SERVICE CASE
Case transfer process followed.

17. 30-60-050 CLOSING A FAMILY SERVICE CASE
File closure process completed; met with family; evaluated progress in achieving goals.

18. 30-65-010 RECORDING
Frequency, quality, content.